

Montgomery Cares Advisory Board

February 28, 2018 Meeting Notes

MCAB Members Present: Betsy Ballard, Julia Doherty, Stephen Gammarino, Travis Gayles, Sybil Greenhut, Sharron Holquin, Lynda Honberg, Peter Lowet, Marie Mann, Agnes Saenz, Langston Smith

MCAB Members Absent: Steve Gammarino, Mayur Mody, T.J. Senker

DHHS Staff: Tara Clemons, Robert Morrow, Rebecca Smith

County Council Staff: Linda McMillan

Primary Care Coalition: Deepa Achutuni, Elizabeth Arend, Rose Botchway, Barbara Eldridge, Marisol Ortiz, Hillery Tumba

Guest: Barry Barth, Richard Chotani, Mark Foraker, Laurie Gira, Rosa Goyes, Abdul Kamus, Wilbur Malloy, Diana Saladani *on behalf of T.J. Senker*, Cesar Palacios, Wayne Swann, Selena Tituana, Stephanie Wright

The sitting Chair, Lynda Honberg, called the meeting to order at 6:18pm

Item		Action Follow-up	Person Assigned	Due Date
1.	Approval of Minutes – January 24, 2018 <i>Moved by Julia Doherty, Seconded by Agnes Saenz</i> <i>The motion was approved unanimously.</i>		Lynda Honberg	
2.	Chair Report Lynda shared that Steve was on vacation and she was sitting as Chair. The agenda was adjusted for the Montgomery Cares QHIC report to come before the FY19 Council grant presentations. The majority of the meeting would be dedicated to the grant presentations and questions members have.		Lynda Honberg	
3.	Senior Administrator’s Report See Report and handout <u>Monthly Status Report</u> (see handout) Tara announced that a departmental Health Care for the Uninsured report would be provided in lieu of the Sr. Administrator report for the time being.		DHHS Staff	

<p>Tara reviewed the data for the Health Care for the Uninsured programs:</p> <ul style="list-style-type: none"> ▪ Montgomery Cares The program has served 18,831 patients through January, with a total of 40,711 patient visits at the eleven participating clinics. We are still seeing an upward enrollment trend and monitoring utilization closely. ▪ Montgomery Cares Behavioral Health Program (MCBHP): From July 1, 2017 – January 31, 2018 MCBHP staff provided 5,360 clinical behavioral health services to a total of 1,200 unique patients at the nine clinic sites where MCBHP staff are located. ▪ Care for Kids has enrolled 612 new children from July through January. While the number of new enrollees is 41% lower than this time last year, this is due primarily to a temporary CFK staff shortage resulting in delayed enrollment. Enrollment is expedited for any child that is sick or experiencing any medical issues. ▪ Maternity Partnership’s enrollment through January was 899 women, a 12% decline in enrollment compared with the same time last fiscal year. However, the program served 149 women this month which is the highest monthly enrollment this fiscal year. ▪ Dental Services has served 4,042 patients through January and provided 6,763 patient visits at our 5 clinics. This is a slight decrease compared with last year. There is still a significantly long wait list for appointments. The Clinical Dental Director position has been released (Yay!) and is posted on the County’s website ▪ Homeless Health program served 67 new uninsured patients and had a total of 136 patient visits Year to Date, a decrease compared to the same time last FY17. Many of the homeless have Medical Assistance and receive services from our same provider within the shelters. <p>The County Executive’s FY19 Recommend Budget will be released March 15th. This will also include recommendations for any County Executive grants organizations applied for. DHHS will share any changes to the Healthcare for the Uninsured programs at March’s meeting.</p>			
<p>4. Montgomery Cares QHIC Report Barbara Eldridge See PowerPoint and Report</p> <p>Barbara presented the FY17 QHIC report publishing selected annual measures of MCares clinics performance. The presentation highlighted the disparities in measures such as blood pressure control and cancer screenings by race, gender and ethnicity. This is the first year the report has been able to report measures as it is related to disparities.</p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> ▪ Peter questioned does the word significant in the report mean statistically significant? Barbara confirmed that it does. ▪ Lynda questioned that the report says African-American but what about the African population. Barbara 			

<p>explained that the data is recorded as being Black and/or African American only.</p> <ul style="list-style-type: none"> ▪ Wilbur questioned how large were the focus groups? The focus group were no more than 15 people. ▪ Dr. Ballard shared that she was familiar with the Breast Health Quality Consortium (BHQC) study, the African-American focus group were residents of Prince Georges County. ▪ Lynda commented on the results of the Asian-American focus group which generally wasn't as concerned with breast cancer in comparison to some of the other focus groups. Barbara explained that she didn't think that the Asian group was less concerned about breast cancer but they didn't see it as a single woman's disease. <p>Barbara shared that she will be presenting the BHQC study to the County's minority health initiatives. The study was supported by Komen and the findings have been shared with them. She will send the individual study group reports to DHHS for them to distribute.</p>	<p>Send reports to MCAB members</p>	<p>DHHS Staff</p>	<p>ASAP</p>
<p>5. FY19 County Council Grants Interviews DHHS Staff</p> <p>Tara explained that Board members will be reviewing 14 grants for FY19. Assigned grants were sent to each of the members prior to the meeting. Representatives from the MCares clinics who submitted grant were present to share details and why the grant is needed for FY19. Six grant applicants were in attendance and presented the following-</p> <p><u>Community Ministries of Rockville – Mansfield Kaseman</u> Stephanie Wright, NP (Volunteer NP at Kaseman) and Laurie Gira (Grants Manager for CMR) presented.</p> <p>Kaseman applied for two grants, one for patient navigation and one for expanded hours of the medical director. Stephanie highlighted the population that Kaseman serves and discussed the team approach that staff takes to address client's needs. 75% of the patient population is Spanish speaking. With the Medical Director grant, this would increase the time of the director onsite from 5 to 20 hours a week. This would allow the director to provide more direct supervision of medical staff given the increase number of medical providers.</p> <p>Discussion</p> <ul style="list-style-type: none"> ▪ Members questioned what percentage of Medicaid is the clinic seeing? Kaseman responded they have 3% Medicaid and have 2 providers that are Medicaid credentialed. <p><u>Proyecto Salud</u> Cesar Palacios, Executive Director of Proyecto Salud presented.</p> <p>Proyecto has applied for two grants and both are currently supported with Council grants. The goal of the grants is to increasing preventive screenings and provided case management to patients with chronic conditions. 90 % of Proyecto's patient population is Spanish speaking and its essential they have staff that is fluent in Spanish.</p> <p>Discussion</p> <ul style="list-style-type: none"> ▪ Lynda questioned if the clinic has Medicaid? Cesar replied that the proportion is between 5-6%. Proyecto is expecting additional capacity once they are settled in their new clinic space. 			

- Peter asked if Cesar could speak on sustainability? Cesar explained the clinic would likely never have enough funding to provide case management and navigation for all patients who need it. Given this, the clinic is trying to increase efficiency. Proyecto is looking for additional funding outside of MCares and trying to increase Medicaid which means improving reporting capabilities. The clinic will soon begin seeing Medicare patients and they are in the middle of credentialing. They continue to face challenges in recruiting NP/PA in providing competitive salaries given the current market.

Mary’s Center

Rosa Goyes (Manager, Cancer Navigation) and Selene Tituana (Educator) presented on behalf of Mary’s Center.

Mary’s Center applied for 1 grant to support the integration of behavioral health, medical care and wellness programming for their patients. A licensed social worker, to be supported with proposed funding, will collaborate with medical providers in the diagnosis, assessment, and treatment of people who need both medical and behavioral health services. This “integrated behavioral health” model helps clients to view both services as part of their larger scope of care, and help to remove some of the stigma that surrounds behavioral health care.

Discussion

- Julia questioned if Mary’s Center currently has integrated behavioral health services? Rosa shared that all clients receive a depression screening. Anyone who test positive will see the provider.
- Lynda questioned who is the target patient population? Rosa answered that funding will be focused on the MCares clients working with the TESS center.

Mercy Health Center

Mark Foraker, Executive Director presented.

Mercy applied for two grants, one for medical staff and one for pharmacy. The clinic has undergone a transition, switching from a strictly volunteer and free clinic model to paid practitioners. The free clinic model was challenging within the ACA environment and required the clinic to modify how they provide services. Mercy is now accepting Medicaid and are up to 3%. The medical staff grant will provide operating support to help cover the costs of a paid Medical Director and help sustain three part-time NP’s. The pharmacy grant will support nurses that manage the distribution of medications and providing guidance as needed for patients.

Discussion

- Lynda questioned if Mercy (or any MCares clinics) had sought relationships with community pharmacies such as CVS or Walgreens? Mark shared that Mercy hasn’t as they are trying to secure the current process in place. Mercy would be open to the opportunity if explored by the MCares clinics.

Muslim Community Center – Clinic

Richard Chotani (Executive Director) and Abdul Kamus (Manager) presented.

MCC applied for five grants to address various medical needs of the low-income, vulnerable population they serve. Dr. Chotani shared that MCC has 14,000-19,000 patient encounters a year. Medicaid patients are going down and sustainability is difficult working through the different payers. The clinic is working toward expanding

<p>the dental clinic and the services provided. 80% of dental needs in the County are not being addressed.</p> <p>Discussion</p> <ul style="list-style-type: none"> Members questioned what is MCC adding for dental? Dr. Chotani answered that they have applied for a HIF grant to support a dentist and hygienist. The County Council grant will help supplement the hygienist position and a medical assistant. <p>Mobile Medical Care Barry Barth, Director of Development and Outreach presented.</p> <p>Mobile Med applied for two grants, one for a Medical Director and one for a Specialty Care Coordinator. The clinic is seeking support for a ft (0.8 FTE) Medical Director which will enhance organizational staff, ensure success in addressing challenges to expanding care, meet high quality standards and maintain the effectiveness and satisfaction of volunteer physicians. Funding from the County Council in FY17 enabled MM to hire its first ft paid Medical Director in May 2017. For FY19, further funding will cover a smaller portion of the Medical Director's salary. The specialty care coordinator grant will enhance patient care by arranging timely, appropriate referrals, securing necessary specialty care (despite limited community resources), encouraging patients' adherence to their care plan and appointment schedules, and facilitating follow-up procedures and therapies. MM is estimated to make as many as 900 referrals to the specialty care networks.</p>			
<p>6. FY19 Advocacy Updates Lynda Honberg</p> <p>Lynda shared that the meetings with the Councilmembers had begun. The joint advocates are receiving mostly positive responses but there are concerns given the County current fiscal environment.</p>			
<ul style="list-style-type: none"> Meeting Adjourned at 8:29pm <p><i>Motion to adjourn: Peter Lowet</i> <i>Seconded: Travis Gayles</i> <i>Unanimously approved</i></p>			

Respectfully submitted,



Tara Clemons
Montgomery Cares Advisory Board